

13¹⁵. An artificial airway device to facilitate lung ventilation in an unconscious patient, comprising an airway tube and a mask carried at one end of the airway tube, the mask having a flexible annular peripheral formation of roughly elliptical shape capable of conforming to and of readily fitting within the actual and potential space behind the larynx so as to form a seal around the circumference of the laryngeal inlet without the device penetrating into the interior of the larynx, the annular peripheral formation surrounding a hollow interior space or lumen of the mask into which the airway tube opens, wherein the artificial airway device further comprises a drainage tube having one end region arranged for insertion with the mask and the other end capable of being positioned below the patient for extracting fluid from the area of the mask by syphonic action, or of being connected to suction apparatus for extracting such fluid by suction, the said one end region of the drainage tube extending as far as the distal end of the mask so that its opening lies against, but does not pass through, the upper oesophageal sphincter muscle when the mask is in use in a patient. --

REMARKS

NP
NH The foregoing amendments are presented in response to the initial Office Action of July 24, 1990 in the above application, wherefore reconsideration is kindly requested.

Referring to the issues raised in the text of said Office Action, in the order presented, the informality noted on page 11 of the specification by the Examiner has been corrected.

The Rule 83(a) objection has been obviated by the cancellation of claim 13.

The §112 indefiniteness/antecedency discrepancy has been cured by combining claims 1 plus 2, such that amended claim 1 now recites a "collar".

In respect of the prior art rejection, and as mentioned just above, since amended claim 1 now presents a fully literal combination of original claim 1 plus allowed dependent claim 2/1, such amended claim should now be allowable without further comment, together with the remaining dependent claims 3-12. Similarly, new independent claim 14 presents a literal combination of original claim 1 plus allowed dependent claim 5/1, which should also be allowable without comment.

This leaves only new independent claim 15 in issue, which represents a combination of original claim 1 plus rejected dependent claim 7/1, for which reconsideration is kindly requested.

In applying the prior art against claim 7/1 the Examiner opines that "There is no apparent unobviousness in placing the drainage tube at any location from which a drainage function is desired", but such assertion is not believed viable in respect of the claim 15 recitation that the end of the drainage tube does not pass through the upper oesophageal sphincter muscle. This feature is not disclosed in any of the applied references. In the prior


art, all of the drainage tubes pass through the upper oesophageal sphincter muscle. The advantage of the drainage tube lying against but not passing through the upper oesophageal sphincter muscle is that the drainage can be carried out in a manner which is far less invasive and dangerous to the patient.

A new set of formal drawings is also submitted herewith, which are believed free of the discrepancies noted in the PTO-948 form appended to the Office Action.

In view of the foregoing, the reconsideration and allowance of this application is now believed to be in order, and such action is hereby solicited.

If any points remain in issue which the Examiner feels may best be resolved through a personal or telephone interview, he is kindly requested to contact the undersigned at the local exchange listed below.

Respectfully submitted,

By 
Robert J. Seas, Jr.
Registration No. 21,092

Sughrue, Mion, Zinn,
Macpeak and Seas
2100 Pennsylvania Ave., N.W.
Washington, D. C. 20037
293-7060

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Attachment: Five (5) sheets of drawings